

Determination of Need, Community Health Initiative Assessment Project (2014)

Executive Summary of Recommendations for Program Improvement

During the spring and summer of 2014, an assessment of the Determination of Need, Community Health Initiative (DoN-CHI) program was conducted at the request of the Massachusetts Department of Public Health's Office of the Commissioner. The assessment re-affirmed that the DoN-CHI program is a unique and powerful tool for investing in community health and identified the following areas for improvement.

1. Attention to criteria for coalitions and partnerships
2. Attention to integration/alignment with other important initiatives and processes
3. Attention to Quality Improvement and the development of new standards and measures
4. Attention to equity issues from both a geographical and population specific perspective
5. Attention to issues of resources and sustainability

Based on these categories the following principles for the DoN-CHI program were developed:

- A. The DoN-CHI program should facilitate a “commitment to transformation”¹ as hospital/health care systems shift to a population health focus. Committing to transformation requires hospitals to engage authentically with the community in pursuit of opportunities for collective impact.
- B. The DoN-CHI program should focus on investing in public health priorities that address the social determinants of health.
- C. The DoN-CHI program should address equity issues from both an investment (e.g. where geographically DoN-CHI money has historically been made available) and a population specific (e.g. race/ethnicity, socioeconomic status) perspective.
- D. The DoN-CHI program should be measurable and accountable.

Using these principles as a guide the following overarching recommendations have been made²:

Key Recommendation #1: To impact the social determinants of health and to guide hospitals towards a population health focus community coalitions/organizations with the appropriate skills, knowledge and resources need to be identified to lead DoN-CHI funded efforts.

Strategy 1A: MDPH should develop a tiered structure for identifying organizations/coalitions that are capable of providing leadership to DoN-CHI funded efforts.

Key Recommendation #2: The ability to move the needle on population health requires a collective impact approach. DoN-CHI funds should be used to integrate and align organizational requirements and priorities as they relate to two main areas of emphasis for the future: accreditation (including state and

¹ Public Health Institute (2014) Supporting Alignment and Accountability in Community Health Improvement: The Development and Piloting of a Regional Data-Sharing System (p.26)

² A DoN-CHI guidance document will be issued that elaborates on and operationalizes these recommendations

local health improvement plans) and the charitable requirements of hospitals known as community benefit.

Strategy 2A: DoN-CHI funds should be used in ways that align with the community health needs assessment and community health improvement planning requirements of hospitals, local/state health departments and other organizations.

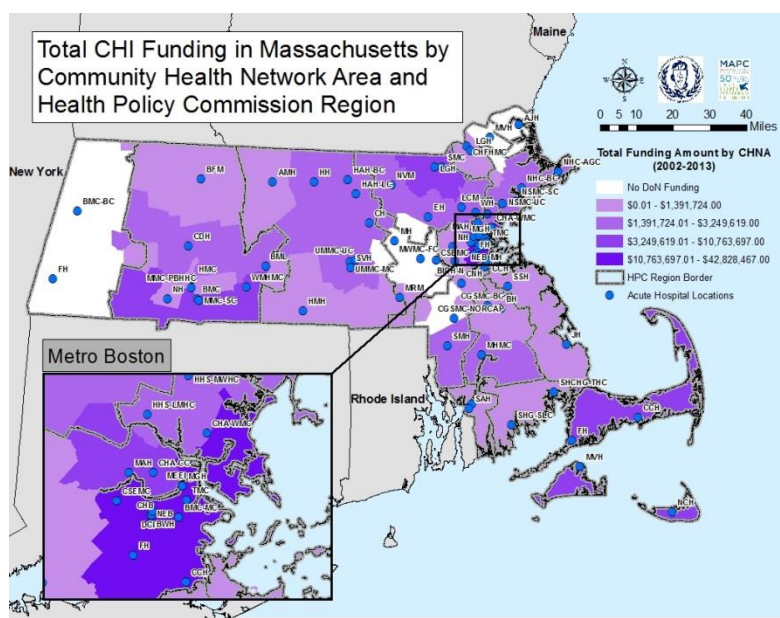
Key Recommendation #3: DoN-CHI funds should be used to invest in the reduction of geographic, racial/ethnic and socioeconomic inequities.

Strategy 3A: While DoN-CHI contributions should generally be allocated within the applicants broadly defined service area, an agreed to portion should be allocated to support a statewide health initiative that supports CHI priorities or for special populations experiencing disparate health outcomes as determined by a new “Statewide CHI Advisory Board”.

Key Recommendation #4: The DoN-CHI program must be measurable both locally and system-wide. Accordingly a quality improvement framework should be adopted in the implementation of these recommendations and in the ongoing operation of the program.

Strategy 4A: MDPH should provide guidance on shared objectives and measures (process and outcome) with an emphasis on methods for measuring impact on the social determinants of health and that have synergy with statewide public health goals such as through the State Health Improvement Plan. Every DoN-CHI investment should have a measurable component that links the investment with process and health outcome indicators.

For information on assessment findings and study methods please go to www.mass.gov/dph/ochp. Additional information on the project’s findings are available upon request to Ben Wood (ben.wood@state.ma.us) or Cathy O’Connor (Cathy.O’Connor@state.ma.us).



Assessment Methodology Summary:

The assessment project followed the 6 standard steps of a *Health Impact Assessment*:

1. **Screening**: After discussion with Commissioner Cheryl Bartlett and Associate Commissioner Madeleine Biondolilo in early 2014 this project was chosen as one of three HIAs conducted through the Division of Prevention and Wellness's Healthy Community Design through Health Impact Assessment grant for the grant year ending 8/30/14.
2. **Scoping**: This stage of a HIA determines areas of focus and methodologies for study. Scoping was conducted through a series of key informant interviews focused on stakeholders with knowledge of the DoN-CHI program, key MDPH staff and informants representing best practices in the field of community health investments made by hospitals. The scoping process focused on how stakeholders work with each other and on evidence of impact of the CHI program as a whole. Themes were generated through the scoping process that served as pathways, or issues through which health impacts are mediated, in the DoN-CHI program. These themes were ("Purpose of the Program", "Decision-Making", "Questions of Geography", "Priority-Setting", "Defining Success" and "Cross-Cutting Themes"). These themes informed how the assessment stage of the HIA collected information and data to assess the impact of the DoN-CHI program.
3. **Assessment**: The assessment phase of the HIA contained three parts: 1. Review of existing documentation from hospitals and Community Health Network Areas (CHNAs), 2. A quantitative analysis of DoN-CHI investments over the past decade, and 3. An online survey provided to all hospital and CHNA stakeholders that have implemented DoN-CHI investments from FY2009 forward. The survey focused on questions generated from the themes developed in the scoping phase of the HIA. Summary assessment results can be found in the powerpoint presentation given to Advisory Committee members on August 7th, 2014 posted at www.mass.gov/dph/ochp.
4. **Recommendations**: Recommendations were developed based on assessment findings and through follow-up interviews with key informants to identify best practices.
5. **Reporting**: Recommendations were provided to MDPH leadership in September of 2014 and an executive summary and other materials disseminated to the project's Advisory Committee in December 2014. MDPH plans to disseminate further materials associated with the project, such as new guidance for the DoN-CHI program in early 2015.
6. **Monitoring**: Monitoring will focus on which of the project's recommendations are adopted, how they are implemented and over-time the impact of the recommendations on the DoN-CHI program.